

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

24

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Antoniette R.
NICKNAME LAST SUFFIX
"Toni" Moorhouse

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

4126 Valleyfield
San Antonio, Tx. 78222

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Theodora
NICKNAME LAST SUFFIX
"Teddy" Hummel

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

510 Fay San Antonio, Tx. 78211

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 923-7196

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

07/01/01 THROUGH 12/31/01

10 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

City Council Dist. 3

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**
14 C/OH NAMEAntionette R. Moorhouse**15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

16,058⁰⁰**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

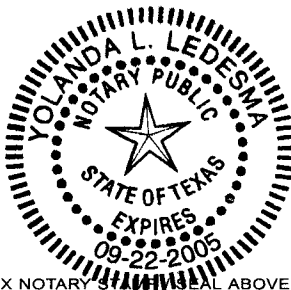
4. TOTAL POLITICAL EXPENDITURES

\$

10,451⁹⁴**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

5,000⁰⁰**19 AFFIDAVIT**

AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antionette R. Moorhouse
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said OFFICE HOLDER ANTONIETTE R. MOORHOUSE, this the 15th day of January, 20 02, to certify which, witness my hand and seal of office.

Yolanda L. Ledesma YOLANDA L. LEDESMA NOTARY PUBLIC
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 1 of 10	
2 FILER NAME Antionette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martin, Drought & Torres		7 Amount of contribution (\$) 500 ⁰⁰		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 300 Convent St. - SAT 78205					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 08/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Consulting Eng. of Tx.		Amount of contribution (\$) 500 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 15th St. - Austin, Tx 78701					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melvin Brazier		Amount of contribution (\$) 100 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4358 Springview - SAT 78222					
Principal occupation (Optional)			Employer (Optional)		
Date 08/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OBRA Homes		Amount of contribution (\$) 1,000 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5215 - McAllen, Tx 78502					
Principal occupation (Optional)			Employer (Optional)		
Date 08/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OBRA Homes		Amount of contribution (\$) 1,000 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5215 - McAllen, Tx 78512					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1 2 of 10	
2 FILER NAME Antionette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Paul J. Olivier		7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code San Antonio, Tx.					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) T.C. Frost		Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 1600					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) H L H Development		Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 14310 Chadbourne - SAT 78232					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bob Suhant		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 860 Broadway - SAT 78209					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kathryn Godfrey		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 506 Bluff Est. - SAT 78216					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 3 of 10	
2 FILER NAME Antionette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Bracher		7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 410 Grandview - SAT 78209					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pat Frost		Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 604 Garraty - SAT 78209					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Evans		Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 315 Terrell Rd. - SAT 78209					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Sineni		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 208 Castle Gardens - SAT 78213					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sidney Francis, III		Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 112 King William - SAT 78204					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 4 of 10	
2 FILER NAME Antionette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Starr		7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2161 J.W. Military - SAT 78213					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Meurer		Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 12535 Elm Manor - SAT 78230					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosemary Rowalski		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 1361 - SAT 78295					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Davidson & Troilo		Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 7350 West I-10 #800 - SAT 78227					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raba-Kistner PAC		Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 690287 - SAT 78269					
Principal occupation (Optional)			Employer (Optional)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					



3:06

0110

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 5 of 10	
2 FILER NAME: Antonette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date: 09/01	5 Full name of contributor: Esperanza Puente Andrade <input type="checkbox"/> out-of-state PAC (ID#)		7 Amount of contribution (\$): 250 ⁰⁰		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: 15615 Thrush Gate - SAT 78248					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date: 09/01	Full name of contributor: Douglas Pomeck <input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$): 500 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 127 W. Woodlawn - SAT 78212					
Principal occupation (Optional)			Employer (Optional)		
Date: 09/01	Full name of contributor: Pablo Escamilla <input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$): 500 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 1726 Valencia - SAT 78237					
Principal occupation (Optional)			Employer (Optional)		
Date: 09/01	Full name of contributor: XXXXXXXXXX Steve Suter <input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$): 250 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 700 J. St. Mary's - SAT 78205					
Principal occupation (Optional)			Employer (Optional)		
Date: 09/01	Full name of contributor: Raul S. Cantu <input type="checkbox"/> out-of-state PAC (ID#)		Amount of contribution (\$): 250 ⁰⁰		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 343 W. Houston, #92 - SAT 78205					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 6 of 10	
2 FILER NAME Antoinette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Harrison Sauter		7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 350 Wildrose - SAT 78209					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Earl		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code San Antonio, Tx. 78205					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Burney		Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 335 Genesee - SAT 78209					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rudi Rodriguez		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 9323 Whisper Point - SAT 78240					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harry Hausman		Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code Box 700109 - SAT 78270					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 7 of 10	
2 FILER NAME Antoinette Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter Marshall		7 Amount of contribution (\$) 6000⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code San Antonio, Tx					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Baltazar Serna, Jr.		Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 120 Villita-SAT 78205					
Principal occupation (Optional)			Employer (Optional)		
Date 09/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lupita Gutierrez		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 12724-SAT 78212					
Principal occupation (Optional)			Employer (Optional)		
Date 10/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Markson		Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2421 Lake Poncaast- Miami Beach, FL					
Principal occupation (Optional)			Employer (Optional)		
Date 10/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S. A. Fire Fighters PAC		Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8925 IH-10 West-SAT 78230					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **8 of 10**

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/01

5 Full name of contributor

Thomas Giamboi

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

3312 Bryker Dr. - Austin, Tx. 78703

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

09/01

Full name of contributor

Ed Lopez

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

S.A., Tx. 78205

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/01

Full name of contributor

Ultramar Diamond Shamrock

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

P.O. Box 696000-SAT 78269

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/01

Full name of contributor

S.A. P.O. A-PAC

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1939 J.E. Loop 410 #230-SAT 78217

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/01

Full name of contributor

Mark Skeans

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

15303 Huebner #6-SAT 78248

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **9 of 10**

2 FILER NAME

Antonette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/01

5 Full name of contributor

Joe Waizer

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

2104 Menten - ~~San~~ Carrollton, Tx, 75006

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

07/01

Full name of contributor

Ed Lopez

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/01

Full name of contributor

Valero PAC

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

10 of 10

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

SBC

6 Contributor address; City; State; Zip Code

San Antonio, Tx.

7 Amount of contribution (\$)

1589

8 In-kind contribution description (if applicable)

2 Spurs Tixs

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/01

Full name of contributor

☐ out-of-state PAC (ID#:

SBC

Contributor address; City; State; Zip Code

SA, Tx

Amount of contribution (\$)

2009

In-kind contribution description (if applicable)

4 Tixs to Alamog Bowl Coaches Dinner

Principal occupation (Optional)

Employer (Optional)

Date

09/01

Full name of contributor

☐ out-of-state PAC (ID#:

Brad Ford

Contributor address; City; State; Zip Code

SA, Tx

Amount of contribution (\$)

5009

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1 of 1

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2007 JUN 15 10 3:07 AM
OFFICE OF THE CLERK
STATE OF TEXAS
ETHICS COMMISSION

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10/6

2 FILER NAME

Antonie He Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/01

5 Payee name

Anton Dylla

6 Payee address;

City: State: Zip Code

110 Prestwick - S.A., Tx.

7 Amount (\$)

\$1500⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement of h.n.

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

07/01

Payee name

Message Audience Presentation

Payee address;

City: State: Zip Code

Austin, Tx.

Amount (\$)

2100⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Advert./mkt. Campaign

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

08/01

Payee name

McCollum W.S.

Payee address;

City: State: Zip Code

San Antonio, Tx.

Amount (\$)

70⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Football Prog. Adv.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

08/01

Payee name

Highlands W.S.

Payee address;

City: State: Zip Code

San Antonio, Tx.

Amount (\$)

95⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Football Prog. Adv.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

202 JUL 15 2 3:07
CITY OF SAN ANTONIO
ED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 6

2 FILER NAME

Antionette Macrhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/01

5 Payee name

AFL-CIO

6 Payee address; City: State: Zip Code

S. A., Tx.

7 Amount (\$)

150⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Directory Advertisement

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

08/01

Payee name

Harlandale A.S.

Payee address; City: State: Zip Code

S. A., Tx.

Amount (\$)

60⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Football Prog. Adv.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

08/01

Payee name

East Central

Payee address; City: State: Zip Code

S. A., Tx.

Amount (\$)

100⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Football Prog. Adv.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

08/01

Payee name

SCOOP

Payee address; City: State: Zip Code

S. A., Tx. 78223

Amount (\$)

250⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Prog. Adv. / Event Spon.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
ANTONIE
15 P 3:1

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 6

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/01

5 Payee name

Mess. Audi. Presentation

6 Payee address; City; State; Zip Code

Austin, Tx

7 Amount (\$)

1,200⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

mkt/ Adv.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/01

Payee name

V.F.W. 9186

Payee address; City; State; Zip Code

S.A., Tx 78221

Amount (\$)

350⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Sch. Sup. Dr.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/01

Payee name

Geronimo Trevino

Payee address; City; State; Zip Code

S.A., Tx 78237

Amount (\$)

500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Sch. Sup. Dr.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/01

Payee name

Snaga's

Payee address; City; State; Zip Code

S.A., Tx 78223

Amount (\$)

\$ 502⁵⁰

Purpose of payment (See instructions regarding type of information required.)

Sch. Sup. Dr.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ED
ANTONIO
P 3:07

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 6

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/01

5 Payee name

H. P. Fears

6 Payee address; City; State; Zip Code

S. A. T. Tx.

7 Amount (\$)

225⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

ST. PT's - Labor Day Cook-off

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/01

Payee name

Mary's Flowers

Payee address; City; State; Zip Code

W W White Rd. - SAT 78222

Amount (\$)

170⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Floral Arrangements

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/01

Payee name

Spring Garden

Payee address; City; State; Zip Code

Brooklyn St. - SAT

Amount (\$)

500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Floral Arrangements

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/01

Payee name

Southside Reporter

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

164.37

Purpose of payment (See instructions regarding type of information required.)

Advertising

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 6

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/01

5 Payee name

SCOOP

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

75⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/01

Payee name

Literature for wife

Payee address; City; State; Zip Code

San Antonio, Tx.

Amount (\$)

60⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/01

Payee name

Positive Beginnings

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

150⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/01

Payee name

Politico

Payee address; City; State; Zip Code

San Antonio, Tx.

Amount (\$)

242.60

Purpose of payment (See instructions regarding type of information required.)

Mailing Labels

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

60/6

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/01

5 Payee name

Salvation Army

6 Payee address; City; State; Zip Code

S.E. Military - SAT

7 Amount (\$)

325⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/01

Payee name

Mike DeWuccio

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

64.71

Purpose of payment (See instructions regarding type of information required.)

Vet. Day Parade Signage

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

10/01

Payee name

P.C. Mailing Svcs

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

1035.73

Purpose of payment (See instructions regarding type of information required.)

Newsletter

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

07/01-
12/01

Payee name

Space Makers

Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

Amount (\$)

502⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Storage Fees

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FILED
ANTONIO
2007
JUL 15 2:30

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Antoinette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 20/2

2 FILER NAME

Antoinette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME

Antoinette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address: City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

10/1

2 FILER NAME

Antionette Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
2002 JUN 15 PM 3:07
ANTONIO

